



ADDITIONAL STUDENT INFORMATION

This information will be kept confidential and will only be used for purposes related to meeting your child's medical needs. If you do not complete this form, DCPS may lack critical information necessary to assist your child in the event of a medical emergency or other health-related matter.

Name: _____

Student ID: _____

1. Are there any health/medical issues/concerns staff should be aware of (i.e. seizures, asthma, etc)?	Yes / No
<ul style="list-style-type: none">If yes, please explain: _____ _____ _____	
2. Does student have any allergies (i.e. food, environmental, medical)?	Yes / No
<ul style="list-style-type: none">If yes, please explain: _____ _____ _____If student has food allergy please submit Special Dietary Needs form. (This form can be found on DCPS' website or you can email food.dcps@dc.gov to request a form).	
3. Is the student currently taking any medication required during summer school hours?	Yes / No
<ul style="list-style-type: none">If yes, a copy of current Medication Authorization form and Medical Action plans (asthma and/or anaphylaxis) should be submitted to summer school nurse or a summer school staff member trained to administer medication. (These forms can be obtained from original school year nurse for parent/guardian to make a copy.)	
4. Are there any other concerns staff should be aware of?	Yes / No
<ul style="list-style-type: none">If yes, please explain: _____ _____ _____	

Parent/Guardian Signature: _____ Date: _____